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ABSTRACT

This practicum was designed to increase the knowledge and awareness about sex and drugs of middle school students. The primary goal was to provide current information to the students about pregnancy, sexually transmitted diseases, and adolescent drug abuse. A second objective was to provoke the students into thinking and acting as responsible citizens. Subjects (N=1,445) were approximately 441 sixth graders, 505 seventh graders, and 499 eighth graders. Pretests and posttests were administered to students to determine if learning had taken place through the series of lectures. Interviews were held with students and teachers in order to evaluate presentations. Another school that utilized the same material was evaluated, although the science teachers presented the material to the classes in the second school rather than having one teacher lecture to the entire school. Comparison of the results of the pretest and posttest indicated there was in increase in knowledge following the program. The evaluations indicated that both the teachers and students thought the presentations were informative and useful. The comparison of the two middle schools showed that generally the same facts were learned by the students in both schools. (Author/ABL)

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# PRACTICUM REPORT

Center for the
Advancement of Education
Ed.D. Program

A Program to Increase the Knowledge of Middle School Students in Sexual Education and Substance Abuse Prevention

by

Judith M. Marged

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NOVA UNIVERSITY

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# A Program to Increase the Knowledge of Middle School Students in Sexual Education and Substance Abuse Prevention

by

Judith M. Marged

Cluster 30

CG 021926

A Practicum I Report presented to the Ed.D. Program in Early and Middle Childhood in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

Nova University

1989

PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by Judith M. Marged under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

8/1/89

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ABSTRACT

A Program to Increase the Knowledge of Middle School Students in Sexual Education and Substance Abuse Prevention. Marged, Judith M., 1989: Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Middle School/Grade 6, 7, 8/Sex Education/AIDS/STD/Substance Abuse/Drug Abuse/Drug Use/Drug Education/Alcohol Education/Smoking

This practicum was designed to increase the knowledge and awareness towards sex and drugs of students in a middle school. The primary goal was to provide current information to the students about pregnancy, sexually transmitted diseases, and adolescent drug abuse. A second aim was to provoke the students into thinking and acting as responsible citizens.

The writer administered pretests, presented the information to the students through a series of lectures, and gave posttests to determine if learning had occurred. Interviews were held with students and teachers in order to evaluate the presentations . For comparison purposes another school that utilized the same material was evaluated. However, each science teacher at this middle school presented the information to his or her own individual classes, rather than having one teacher lecturing to the entire school.

The outcome of the study was meaningful. When the results of the pretest and posttest were paralleled, an increase in learning was shown. The evaluations indicated that both the teachers and students thought the presentations to be informative and useful. The comparison of the two middle schools showed that, primarily, the same facts were learned by the students.

# CHAPTER I

# INTRODUCTION

## Description of Work Setting and Community

This practicum took place in a middle school located in the Southeastern United States. It is in a large, middle to upper class community and considered to be one of the top schools in the county.

The population at the time of the practicum was composed of the following: (1) 92.3% White; (2) 3.8% Hispanic; (3) 2.2% Black; and (4) 1.8% Asian. There were approximately 441 sixth graders, 505 seventh graders, and 499 eighth graders, for a total of 1,445 students.

The faculty at that time consisted of about 90 teachers and administrators. The learning took place within regular, special, alternative, and elective classes. The students started the day with a 15 minute homeroom. They then had six 55 minute class periods. The students are required to take four major subjects and have their choice of two electives.

## Writer's Work Setting and Role

As part of a two membered teaching team, the writer

taught 7th and 8th grade, Alternative Math and Science. The classes are small to allow for individualized learning. This was the second year that the writer was teaching alternative classes. Last year she helped to develop this special program for the incoming 6th graders. She previously taught 7th grade Life Science.

The school district had recently decided to return to the middle school concept. This meant that the students' personal and emotional growth was to be included with the educational growth. Part of this was being accomplished within the 15 minute, daily homeroom. Teachers and administrators acted as advisors discussing topics such as self-esteem, differences among teens, likes and dislikes, self awareness, study skills, and the like. The other portion of student growth pertained to sexuality and drug education and had to be taught by a certified teacher.

Due to a state mandate, the county had devised a program to teach family health and human sexuality and substance abuse prevention to middle school teens. A workshop to train teachers in the subject matter was held earlier in the year. When the author heard about the workshop, she volunteered to be the representative from her school. The two topics were of special interest to the writer. Most of her previous education had been geared toward the developing adolescent. The writer hopes to become a counselor for chemical dependent teenagers.

After attending the workshop, the writer was named the

Sex and Drug Education Coordinator for the school. In addition to her duties as an alternative education teacher, the writer was responsible for conducting classes in sexual and drug education for the entire school.

# CHAPTER II

## STUDY OF THE PROBLEM

### Problem Description

The state had mandated that sex education and substance abuse prevention be taught in the middle schools. There had been an increase in teenage pregnancy and substance abuse. It was hoped that through education, the problem could be decreased.

The counties were given the option to implement the information in any manner. The writer's county developed a program and gave the principals the option of how to execute it in their schools. The four possible teaching options were: (1) through Physical Education classes; (2) through Science classes; (3) through Social Science classes; and (4) through a separate Health class. The writer's principal decided that it would be better to have one person educate the students in order to assure that all of the students would receive the same information in the same magnitude. Since all of the students did not have Physical Education, this option was ruled out. The Social Science teachers did not feel competent enough to teach sex education. The Life Science teachers were the only group of teachers who felt willing to try to teach

these new units. But without the agreement of the Earth and Physical Science teachers, this option also had to be discarded. Without a separate Health class a new option had to be devised.

Within the scope of the new alternative, the adolescents need to be educated, through a series of lectures, about the ramifications of peer pressure, teen pregnancy, sexually transmitted diseases [STDs], AIDS, and drug addiction. Since teenagers act impulsively, without considering the hazards of their conduct, the information learned through the lectures is essential.

## Problem Documentation

One of the advantages of teaching is being able to overhear the conversations of the students during the breaks between classes. Their dialogue is usually about their personal lives. In recent years the discussions have been about their boyfriends or girlfriends and their sexual liaisons. They also talked about parties and the beer or liquor that they consumed.

The author had observed an increase in this type of conversation. She also had several students come to her for advice. One student found out that the boy she liked had supposedly been intimate with another girl. The boy denied it. The student was not sure what to believe and came to the writer for help. Another student bragged about having a keg

of beer at a recent party for his guests. There had also been cases of students coming to school drunk or high on drugs.

The writer spoke to the guidance director, peer counselor, exceptional education specialist, and administrators at her school. All agreed that in the past few years the number of students smoking and/or using drugs had increased. It was estimated that about 5-10 students each year, from this school, were admitted to the local adolescent care unit for drug abuse.

The school personnel also agreed that many of the eighth graders were sexually active. There had been a few pregnancies reported, including one earlier this year.

Teenage drug addiction and sexual activities had also been in the news. The Juvenile Services Board ("Alcohol, drug", 1988) in the county conducted a survey on youth problems. They found that alcohol and drug abuse were the most serious problems of adolescents. These were followed by school dropouts, delinquency, and troubled families. A survey, conducted two years ago by the same people, found that the youth were affected by the same problems.

A relatively new state law has made drug violations within 1,000 feet of a school a felony (Davis,1988). It carries a minimum, mandatory jail term of 3 1/2 years. The local Sheriff's office had set up stings around the local high schools. There were over 24 arrests of drug sellers near high schools within the first few weeks. The officers were trying to prevent adolescents from having easy access to drugs.

The Department of Education and a local State University (McCash, 1988) conducted a survey on drug use among the state's teenagers. Alcohol was found to be the most used drug. Wine coolers were the most frequently used alcoholic beverage. Middle school users reported starting to drink at under 10 years of age. Alcohol and other drugs were used weekly by many of the teens surveyed.

Alcohol was used by 57% of middle school students and 78% of high school students (Florida Department of Education & Florida State University [FDH & FSU], 1988). Three percent of middle school pupils used alcohol daily and 11% used it weekly. The daily consumption among high school students was 2% while 26% drank alcohol weekly. Cigarettes, second in prevalence to alcohol, were smoked daily by about 35% in high school and 20% in middle school. Marijuana was used by about 13% middle school students and 35% high schoolers. Cocaine was taken by 3% of those surveyed.

The principals of the local middle and high schools received a directive (D. Scalise, personal communication, November 17,1988) concerning AIDS. The state statute regarding Comprehensive Health Education and Substance Abuse had been amended. The definition of STDs now included HIV infection and AIDS. The Act required that the causes, transmission, and prevention of STDs, AIDS, and HIV infection be taught in middle and high schools. A student was exempt only by a parental request.

## Causative Analysis

As a teacher of adolescents for the past 8 1/2 years, the writer felt she had developed an awareness and understanding of this troubled age. She has continued to keep informed about the latest developments through her continued education and membership to various teaching and counseling organizations. It is with this knowledge base that the writer confidently expresses her ideas about the causes of teenage sex and drug abuse.

The adolescent years are, in the writer's opinion, the most physically, emotionally, and socially troubled and demanding times for the developing youth. The onset of puberty begins a chain of events that the teenager has no real control over. How the child copes with the changes occurring and how the environment and those around him affect these changes can help to create a positive or negative experience. The anticipated outcome of this stage is a well-adjusted adult with a confident feeling of self worth and identity. Unfortunately, with so many variables, things can and do go wrong.

Children are naturally inquisitive, as is the adolescent. With each passing day they are being introduced to new ideas. It is therefore not surprising when the teens begin to experiment with these new experiences. The teens embark on a road of discovery. They try cigarettes, alcohol, other drugs,

and sex. If they get a positive reaction they will continue to experiment. After numerous attempts and positive outcomes, they become hooked.

Many times the trials are based on the natural inquisitiveness of the person. But frequently the first attempt is preceded by peer pressure. The teen needs to feel accepted and liked by others. So, when a friend says, "Try it, it won't hurt you," the adolescent complies. If not, the youth will be ostracized and rejected from the peer group. This would be devastating to the adolescent, and in his mind, more harmful than the drug or sexual act that he is being forced to try. Unfortunately, the youth doesn't realize that if that person was truly a friend, he would not be pressuring the youth to do something that he does not want to do.

What the adolescent needs to learn is that neither he nor his friends are completely knowledgeable about sex and drugs. Experimenting does not always increase awareness. The immediate gratification may mask the true effects. With certain drugs and sexual acts the harmful consequence may not appear for anywhere from several weeks to several years.

One thing that helps to increase the use of drugs is that they are readily available. In certain neighborhoods it is common to be approached by someone selling drugs. Teens are sometimes able to obtain the drugs in their own home. There are several adolescents who the writer knows who were "turned on" to drugs by their parents. Cigarettes and alcohol are very easily obtained by the youth of today. Sex is also

available and "for sale." Male and female prostitutes are more than willing to help the experimenting, naive teen.

Another cause of the problem is the parents of the youth. As mentioned above, some parents are very open with their children and treat them as friends. They freely give them cigarettes, alcohol, and other drugs. Other parents are just the opposite. They are closed mouthed and unwilling to discuss drugs and sex with their children. The writer has had several students ask her questions about sex. When she directed them back to their parents, the writer was told that the parents wouldn't answer or only gave a superficial reply.

Many parents are just unavailable. They either work several jobs or are taken out of town because of their employment. They may be more than willing to discuss problems with their children but can't seem to find the time. Some parents are reacting to a learned behavior. Since their parents didn't discuss sex or drugs with them, they felt they didn't have to have these discussions with their children either. Parents don't always learn from their parents' mistakes.

The accepted behavior of youth by the society has also changed. Years ago premarital sex and drug use occurred but were not mentioned. The morality of the time would not allow it. Today, couples living together, with or without children and without the benefit of a marriage license, is an accepted way of life. The late 1960's and 1970's helped to usher in new mores and attitudes about sex and drugs. These have

continued to be a fundamental part of today's society.

## Relationship of the Problem to the Literature

The current literature supports the writer's contentions about the causes of sex and drug abuse. The Center for Population Options (Hayes, December 1988) estimated that seven out of ten girls between the ages of 13-19 have had intercourse. Eight out of ten boys in that age group have had intercourse. It was estimated that four out of ten teenage girls would be pregnant before the age of 20. The blame of this sexual activity was the lack of proper knowledge due to poor sex education in school. It was further reported that over 90% of Americans favored sex education but people couldn't agree on what and how much to teach.

With all of the sexual activity and pregnancies, teenagers accounted for 31% of all abortions (Lawther & Taylor, 1988). But many of the pregnancies resulted in teenage mothers. Many adolescent mothers are or were victims of abuse and neglect. This was being perpetuated with their children. Again, the lack of proper education resulted in the abuse of their children.

The STD epidemic has increased among the teenage population (Koop, 1988). Chlamydia, which at the time of the practicum was the most frequent sexually transmitted bacterial infection, had been found in approximately 40% of the

adolescents. AIDS, gonorrhea, and other STDs did not concern the experimenting youth. Teens did not know the signs and symptoms of STDs, how to prevent becoming infected by STDs, nor how to treat STDs.

The smartest of the nation's educated youth go to college. When these college students were questioned about AIDS (Leslie, Padgett, Wingert, & Hager, 1988) they said, "It can't happen to us." But when tested, it was found that one in 300 college students were infected with the AIDS virus. Because it takes up to 3-7 years for the virus to be visible, that meant that the college population was infected while adolescents. If these students were the best educated in high school, then something must be wrong if they couldn't realize that they were not exempt from AIDS or other STDs.

In September 1987, 169 American teens were diagnosed as having AIDS (Hayes, July 1988). That number was expected to increase. The article reported that teens were engaging in more activities that could transmit AIDS and were unaware of the dangers. Adolescents were using IV drugs and sharing the needles, piercing their ears at home, tattooing, and using illegal steroid injections. They were also engaging in intercourse, the highest risk of transmission. Students were left alone on weekends and engaged in sexual activity, including anal sex because of the inability to become pregnant. With sexual activity starting at younger ages, the risk to teenagers was increasing. Hayes commented that adolescents needed to be educated about the risks, proper

decision making skills, and to be resistant to peer pressure.

Recent research (Thiers, 1988) has shown that stress, which causes changes in the functioning of the immune system, increased the chance of developing AIDS related infections. With the stress that adolescents have due to the changes occurring in their bodies, their chances of contracting AIDS were increased.

Teens are at high risk because they have an immortal attitude (Schafer, November 1988). They had difficulty discussing sex and AIDS because they thought they couldn't be affected. The article stated that they wanted to act like adults but didn't want to think like adults.

Teenage alcohol users said it was very easy to obtain (FDE & FSU, 1988). About 75% in middle school and 89% in high school were getting alcohol effortlessly. The report stated that over 80% of the surveyed students claimed easy access to other drugs as well. In middle school, cigarettes and alcohol were considered to be harmless. About 42% thought cigarettes to be harmful and 48% thought alcohol to be harmful. In high school, alcohol was thought of as being the least harmful. Only 49% rated alcohol as harmful and 63% thought cigarettes were dangerous to their health. With the easy access to drugs and the lack of danger to their health, it was not surprising that so many adolescents used them.

In a study of rural and urban substance abuse by youths (Schafer, October 1988), it was found that rural teens started using drugs at earlier ages than their urban compatriots. The

privacy of rural areas, with less chance of getting caught, was part of the reason for the early onset of use. It was also discovered that rural teens abused alcohol more than any other substance and rarely experimented with hard drugs. Schafer thought the reason for this was the possible lack of finances and the unavailability of hard drugs as compared to metropolitan areas.

Fisher (1989) stated that a child was more at-risk of becoming addicted to drugs if he came from an alcoholic family. The youth saw one or both parents drinking and assumed that it was okay if he drank also. Children do learn from their parents. This was one habit that children should not acquire. The article also brought out that there may be a genetic predisposition to becomming an alcoholic.

In a national study of high school seniors (Mohr, Sprinthall, & Gerler, 1987), it was found that peer pressure was the most often cited reason for drug abuse. Adolescents did not seem to decide for themselves if they should or should not use drugs. The authors believed that they did not use the same level of moral reasoning when dealing with abstract dilemmas as they did with more realistic ones.

Another study (Oetting & Beauvais, 1988) found several reasons for drug use among teens: (1) uncaring or non-intact families; (2) peers encouraging drug use; (3) low tolerance of other deviant behaviors; (4) negative feelings toward school; (5) harmless attitudes towards drugs; (6) deep personality problems; (7) negative self-concept; and (8) emotional

problems.

Findings from other studies (Hubbard, Brownlee, & Anderson, 1988) of alcohol and drug abuse identified four main reasons for middle school students being at risk: (1) poor school performance; (2) smoking before 11 years old; (3) having friends who do not disapprove of drug use; and (4) being involved with older teens and adults.

Grinspoon (1989) conducted a survey of 18-30 year olds. He showed that anxiety and depression were causes of drug abuse. About 80% of those questioned started the abuse before age 20. The findings indicated that fifteen was the average age that anxiety appeared, drug abuse at 19, alcoholism at 21, and depression by 24. Anxiety or depression doubled the risk of drug abuse.

Newsweek (Adler, et al., 1988, & Morganthau & Miller, 1988) recently had a special piece about the drug crisis. The articles revealed how easily the drugs were brought into the country, the crime associated with the drugs, and the users and abusers. It was estimated that one in 18 high school seniors tried crack and 14% used cocaine in other forms. With the availability of drugs on the streets it was surprising that these figures were not higher.

Drew Barrymore ("The Secret", 1989) recently revealed her plight of growing up in a drug abusing, theatrical family. She began drinking at 9, smoking marijuana at 10, and using cocaine at 12. By the age of 13, she had undergone drug rehabilitation treatment twice. When asked why, she replied

that it was available and all of the elders around her were doing it. She had learned from her family.

Another problem among teenagers was the increasing rate of teen suicide (Associated Press, March 1989). The rising use of drugs and alcohol by teens was thought to be a factor. The main cause of teen suicide was depression. Alcohol use caused the teens to be further depressed. It clouded their thoughts and poor decisions were made. The article estimated that drugs or alcohol was involved in at least 50% of the teenage suicides.

During the implementation of the practicum, the writer continued to read about the problems that existed among the adolescents. Dr. Robert Goode (Jacobs, 1989) told the House Legislative Task Force on AIDS about a 13 year old patient. The girl went to a party at which crack cocaine was used. This led to indiscriminate sex with others at the party. The result was that the teen went home pregnant and infected with AIDS. Dr. Goode stressed the fact that teen pregnancy was becoming linked with the AIDS epidemic. He warned about the probable growth of AIDS among the infants and teenagers in our society.

Jeannie Rosoff, president of the Alan Guttmacher Institute (Associated Press, May 1989), stated that school districts were given vague guidelines on the teaching of sex education. A study conducted by the institute found that the state and national support for sex education was strong. It was also reported that only 1/2 of the states required some

training or certification for the teachers. The study discovered that 1/3 of the teachers complained of being pressured by administrators, parents, or the community about the teaching of certain topics such as homosexuality, condoms, and abortion. The study further concluded that the negative aspects of sex were being stressed and other important issuses were being neglected because of the AIDS epidemic.

Michele Cohen (1989) reported that sex-for-drugs had caused an increase in syphilis and AIDS cases. Young girls, addicted to crack, were observed trading sex for the drugs. Cohen stated that several researchers were concerned about the connection between drug abuse and AIDS. One researcher was quoted in the article to say that a heterosexual epidemic of AIDS may be found in the crack houses.

Within the last decade, teenagers' standards have shifted and they now think that they are entitled to have sex (The New York Times, 1989). The adolescents said that peer pressure, not parental pressure, was the main reason for engaging in sex at younger ages. It was a personal choice and not a response to adult influence. The article stated that the teens felt that it was their right to make whatever sexual decision was right for them.

A follow-up to Davis' article (1988), mentioned earlier in the chapter, was made public recently. Davis (1989) reported that the unit had made 370 arrests since the law took effect in October. Seven of those arrests were juveniles. Most of the apprehensions took place in poor, black

neighborhoods, including one on the day after school let out for the summer. The police plan on continuing to make arrests through the summer.

All of the literature reviewed attested to the increasing use of drugs and unprotected sexual intimacy among today's adolescents. The authors indicated that the teens are using drugs and becoming sexually active at earlier ages. They lack education about STDs, AIDS, and drugs, have a harmless attitude toward drugs, and have an immortal attitude. They are pressured by peers and/or parents. They may come from a home of uncaring, unavailable, or alcoholic parents. All of these explanations led to the realization that some forms of intervention, education, and prevention methods are needed in order to stop the spread of drug addiction, STDs, and to decrease teenage pregnancy.

# CHAPTER III

## ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

### Goals and Expectations

The ultimate goal was to bring about a change in the carefree, thoughtless, experimenting attitudes of the adolescents through an increase in their knowledge and understanding of the topics taught. A secondary expectation was for the students to think before they act and to become responsible citizens of the community.

### Behavioral Objectives

The specific objectives for the family health and human sexuality unit were different for each grade level. There were varied subject areas that were taught in each grade. Also, of the material that was the same, the intensity of the information increased along with the grade level. The substance abuse prevention unit was comprised of basically the same material for each grade level. The intensity of the material was, however, different.

The following goals were projected for this practicum:

1. The 6th grade students will be able to correctly identify true statements about the male and female reproduction systems, communicable diseases, STDs, and AIDS with 80% proficiency.

2. The 7th grade students will be able to correctly identify facts about peer pressure, eating disorders, communicable diseases, STDs, and AIDS with 80% proficiency.

3. The 8th grade students will be able to correctly identify true facts about teen pregnancy, peer pressure, STDs, and AIDS with 80% proficiency.

4. The students will be able to correctly identify true facts about smoking, alcohol, other drugs, and addiction with 80% proficiency.

5. The students will be able to identify at least two positive consequences that have occurred as a result of each week's instruction.

6. The students will be able to identify at least one negative feature of the presentations given.

7. The students will be able to identify at least one change that should be made in order to improve this course.

8. A teacher and her students, from another middle school, will be able to identify at least two positive consequences, one negative feature, and one improvement as a result of the presentation.

## Measurement of Objectives

The students were given a 25-30 question test at the end of each unit. Because these units were to be strictly informative in nature, the tests were to have been for the practicum evaluation only. However, several of the teachers asked if they could use the tests for a class grade. The writer then decided to give a pretest and posttest for comparison. The pretests were administered to the large groups. The teachers gave the posttests in their own classes and gave the writer the results.

In addition to an objective test, the students were given a survey to answer. The questions required the students to evaluate the presentations. They indicated what they had learned, what method of instruction was preferred, and what changes should be made that would improve the course. The writer probed the reactions of the pupils concerning the content of the material. She wanted to determine if the majority of the teens felt the time spent to be worthwhile or a waste of time.

The writer spoke to a random sample of students individually and obtained a more in depth response to the meaningfulness of the sessions. Because students are occasionally unwilling to express their feelings directly to the teacher in charge, the writer asked other teachers to obtain reactions from the pupils during their science classes.

# CHAPTER IV

# SOLUTION STRATEGY

## Discussion and Evaluation of Possible Solutions

Many different solutions to the problem of sexual and drug abuse prevention have been tried. They range from the presentation of facts to computer programming. Some of these solutions worked, some did not, and some are dependent upon the population used during the implementation of the solution. In the text that follows are summaries of various solutions and their degree of success, as reported in the literature cited.

Hayes (December, 1988) wrote an article comparing the thoughts and solutions of sexual education of various authorities. One such expert is the executive director of the Sex Information and Education Council of the United States, Debra Haffner. She felt that sexuality education should be presented in a positive manner. Young people should be given an opportunity to explore and develop life skills. She also felt that sexuality education should start in preschool and develop appropriately. Another professional mentioned by Hayes was the former Secretary of Education, William Bennett. He thought that morality needed to be included in this

education. Rebecca Hagelin, another critic, felt that parents should be contacted and have input into the content of the material taught. Hayes (December, 1988) went on to report that to date, no evidence had been found that sex education led to increased sexual activity, as is sometimes thought. Sheltering a child will not protect them. A summary of all of the critics' solutions was that sex education should be presented in a positive life context, examining reproduction, gender roles, relationships and intimacy.

A unique approach to helping teenage mothers cope with parenthood was developed in North Carolina (Lawther & Taylor, 1988). The mothers were taught how to be less abusive and how to interact more with their infants. The methods used consisted of lending books, toys, and materials to the mothers. A social worker visited the home and served as a positive role model. The young mothers were videotaped so they could be shown what they were doing wrong. They were also paired up with a college student who helped to tutor the young moms toward obtaining a high school diploma. This program also identified teens at risk and had formed counseling groups used to build the self-esteem of the girls. This program combined education with social support and so far seemed to be working.

One approach to informing teens about the dangers of AIDS was to have a young adult with AIDS make an educational video (Hayes, July 1988). The adolescent and a health teacher presented the video as well as answered questions posed.

Group counseling sessions, that included AIDS victims and adolescents, were formed to help to educate the teens. AIDS-related films were viewed to illicit questions and responses from the participants. It was felt that the "Just Say No" approach was not enough. The article recommended that AIDS education should include: (1) accurate information about transmission and prevention; and (2) lectures about the misconceptions of transmission and casual contact. Information and support groups are also needed.

Theirs (1988) wrote about the findings of a master's thesis. Sicard's research found that stress increased the chance of the onset of AIDS. It was therefore recommended that positive, unstressful events should surround the person who tested positive for the AIDS virus. Counseling youths on methods of relieving stressful situations appears to be important. The counseling groups that had been formed served in an educating, consulting, and supporting fashion to clients with AIDS (Gray & Harding, 1988). The counseling was executed either individually or in groups. It was hoped that the therapy would relieve the fear and stigma associated with AIDS.

A positive approach to stop the spread of AIDS among drug addicts was started in New York City (Associated press, 1988). The Health Department swapped new hypodermic needles for the used ones. They also provided counseling on AIDS and drugs.

The FDE & FSU (1988) study made several recommendations. They include the following: (1) a comprehensive drug

education program should begin in elementary school; (2) peer groups, early intervention programs, and youth clubs should be incorporated into the education program; (3) a major emphasis should be on alcohol and the harmfulness of drugs; (4) before and after school programs, as well as parent education programs, should be included; and (5) intervention and treatment procedures need to be provided.

Schafer (October,1988) reported about a program developed at Auburn University. It was believed that one way to assure that students were properly educated was to train the teachers, counselors, and other personnel who would be responsible for teaching the students. They were trained in assertivness techniques, problem-solving skills, and decision-making skills. It was hoped that these skills would be passed on to the students.

The child growing up in an alcoholic family needs special coping skills in order to avoid becoming addicted himself. Fisher (1989) feels that the child needed to be trained in the special rules and roles of the family. He notes that special counseling groups should be formed to help the child to properly adjust.

In order to determine why students take drugs, it was thought to be helpful to learn how they solved dilemmas (Mohr, Sprinthall, & Gerler, 1987). The authors found that by increasing the training on moral reasoning skills it would prevent adolescents from turning to drugs.

Oetting and Beauvais (1988) reported that another way to

help drug addiction was to counsel the adolescent using the Alcoholics Anonymous 12-step model. This would help to change the lifestyle of the youth. The counselor should assess the psychosocial elements and work with the teen to develop a positive, maturational path. Using the same idea, a school in California instituted an A.A. course after four teens were killed in a drunk driving accident (Kantrowitz & Gordon, 1988). There were several substance abuse and support programs created that helped to eliminate the problem.

Meier (1988) wrote about how a computer could be utilized to educate youth. The teens related to the computers and learned without even realizing it. A computer program for alcoholic education was developed to assess the students' knowledge about alcohol, explain blood alcohol content level, determine the attitudes toward drinking and driving, portray a party with drinking and many options from which to choose, and describe the interaction of alcohol and various drugs. It was reported that the computer program was an effective supplement to an alcohol education program.

Horan, Kerns, and Olson (1988) wrote about several types of prevention programs. Information-based education was reported to be the most common modality used. It helped to provide the youth with an awareness of the dangers of drug use and methods of avoidance. Another technique used was assertion training. This helped the adolescent to learn to remove himself from bad situations.

A 10-session program in dilemma discussion for drug

education was devised by Gerler (1988). It helped students to make the proper decision when confronted with a drug related problem. The approach appeared to increase the level of reasoning.

The drug action prevention program that was created (Berdiansky, Brownlee, & Joy,1988) included cognition, decision making, anxiety-reducing, and self-improvement components. It incorporated counselor-teacher training and primary and secondary prevention training for students. It helped to raise the self-esteem of the youth, allowed for discussion by students and parents, and formed cooperative efforts between the school and community.

During the implementation phase, the writer discovered several other articles relating to possible solutions. One article showed how much sex education is on everyone's mind. The state recently passed a bill requiring education for pregnant teens and teenage mothers (McCash, 1989). Any district that does not provide the services required would lose funding for other areas. The bill requires that schools teach the following: (1) the benefits of sexual abstinence; (2) decision-making skills and self-esteem building as part of teenage parenting courses; and (3) provide support services for pregnant teens and teen parents. This is clearly a step in the right direction to helping adolescents.

Another bill being considered (Jacobs, 1989) would require AIDS education in grades 6-8, testing for AIDS to assist in family planning, research into the development of

AIDS in the fetus, difficulties of AIDS-infected children in school, and more drug rehabilitation programs. A positive event recently occured (The Associated Press, April 1989) when the federal court ruled to allow an AIDS-infected student to attend school without being confined to an isolation area.

Other AIDS related programs (Cohen, 1989) helped to try to eliminate the problem in the community. One such program had people handing out condoms and pamphlets to people in shoddy areas. The people tried to educate the community that risky behavior had to be prevented even if you are not a member of a high risk group.

Unfortunately it has been found that sex education was not enough (Reuters, 1989). The schools, community, parents, and media all have to work together to postpone sexual intimacy, promote contraceptive use, and lower the teen pregnancy rate. According to the article, some communities have shown that this joint effort had been successful.

One program (Langan, 1989) that had been helpful in educating elementary students about drug abuse was DARE (Drug Abuse Resistance Education). The program was taught by uniformed police officers. A different topic was discussed each week with appropriate assignments given to the students. The success took years to develop. It encouraged the students to raise their levels of self-esteem and assertiveness and how to spot and avoid drug related situations. Schools that had been using this program since 1983 have reported a decrease in vandalism and truancy, improved grades, and a better self

attitude among the students. This is still an ongoing program in several states.

## Description and Justification for Solution Selected

The ideal strategy would have been to use a combination of all of the solutions. But this was unrealistic. Too much bombardment of material is just as bad as not presenting enough. What had to be found was a middle area.

The county had prepared lessons for use by the teachers. They provided the basic information that needed to be taught. It was up to the instructor to decide how to teach the material and what extras would be added to the curriculum.

In the writer's situation the task was not only how to provide the instruction, but also how to schedule the students so that all pupils attended both sessions.

The first task was to divide the students into fairly equal groups. This was accomplished using the teams that were already developed in the school. The groups were then scheduled for the time periods of instruction. Each prepared unit comprised a 5-day time frame. Therefore, each group was scheduled for two, nonconsecutive weeks. It was originally, administratively decided that the writer would meet with each group for two hours per session. This met the county's requirement of 20 hours of instruction per student. However, a week before implementation was to have begun, problems with this plan arose and a new one was devised. The alternative

strategy was to join the science classes each period, teaching a different grade level each week.

With at least one science class meeting every period, this would have meant a 6-period teaching day for the writer, and no time to work with her alternative students. This problem was resolved by rotating a daily free period over a six-day span of time. The science teachers brought their classes to a central location and the writer presented the required material. (See Appendix A for original and revised schedules)

With the schedule finalized, the manner in which the material would be presented was resolved. With less time per class, the writer could not use as many different methods as was originally hoped. She lectured, discussed, and answered questions. Transparencies and worksheets were utilized. Peer counselors helped in role playing situations to show the effects of peer pressure. A police officer also helped by presenting a class on the legal ramifications of drug use.

One week of instruction, per grade level, was devoted to the teaching of family health and human sexuality. Substance abuse prevention was the focus of the second week. An objective pretest was given at the start of each unit. At the end of each week the objective test was administered as a posttest by the classroom teacher. A survey was also given to the students. An evaluation was given to the science teachers for their responses. (See Appendices B, C, D, E, and F for tests and surveys)

This approach appeared to be the most workable solution. It met most of the requirements of the state and county. This remedy had some components of each of the previously tried methods mentioned in the literature. It was also the best answer when considering the time frame and number of pupils with whom the writer had to contend.

The writer was responsible for the teaching of the state-mandated curriculum as well as the education of her alternative students. She continued to plan for the Alternative Math and Science classes. She also worked closely with the teacher who was instructing the students during her daily absences from the alternative classroom.

## Report of Action Taken

The following is a description of the action taken by the writer. In association with the guidance department and the administrators, a schedule was devised to accomodate all of the students in the school. The details of the plan were mentioned previously in this chapter. Once the schedule was finalized and approved it was presented and explained to the other school personnel.

The writer, then, compiled all of the instructional material and wrote preliminary plans. She was given a curriculum with prescribed lessons by the county. Using this she decided which topics would be covered during the five lessons for each grade level. (See Appendix G for discussed

topics) Using various different sources, exact lesson plans were written for each topic. Because the county would not allow handouts to be given during the sexuality unit, transparencies of the material were made. This helped the students to visualize the terminology and diagrams of the material. Handouts and worksheets were prepared for the drug unit.

Once the lessons were prepared, objective tests were written. Due to the volume of students and their different levels of competency, the writer decided to draft a 25-question true/false exam for the drug unit and a 30-question true/false exam for the sexuality unit. (See Appendices B and C) Copies of each test, and the answers, were made available for each of the science teachers to use in their classrooms.

In addition to an objective test, the writer wanted to ellicit feedback about the units from the students. She wrote a survey that requested responses concerning class size, preference of instructor, the quality of the information presented, and improvements for the course. She also composed an evaluation for the science teachers to complete. (See Appendices D, E, and F)

With the curriculum complete, the next step was to meet with the parents and inform them about the new instructional units. This was accomplished at one of the monthly parent advisory meetings. They were apprised of the topics to be covered, the parental permission forms that each student would

be required to complete, and that they could peruse the curriculum if they so desired. A copy of the curriculum was placed in the office for this purpose. The writer also notified the parents that she would be available to answer any questions that they might have throughout the presentation of the units.

At this point a parental permission letter was prepared. It explained that the school board had approved the teaching of the two subjects. The letter invited the parents to review the curriculum if they wished. The parents could approve their child's participation or disallow it. This letter had to be signed and returned so that the child could be admitted to the class. Those children whose parents refused permission to take the course were sent to the library with an alternative assignment.

It was during this phase that the writer was informed about the need for a change in the schedule. The narration of how the modification took place was described previously in the chapter.

In order for the writer to be able to teach the two units and her own classes, an assistant was hired to help her accomplish the task. The writer wrote the weekly plans for her math and science classes. She met with the assistant teacher daily in order to explain the plans and discuss any problems. She also spent her free time working with the alternative classes as much as possible. She made sure that her students were not neglected.

The presentation of the units began at this juncture. The revised schedule, listed in Appendix A, was followed by all concerns. The Family Health and Human Sexuality Unit was taught first, followed by the Substance Abuse Prevention Unit. The first unit was presented to the sixth grade, the seventh grade, and finally to the eighth grade. This was repeated for the second unit.

On the first day of the presentation the students were given the pretest immediately. Lesson 1 was then taught. Lessons 2-5 proceeded on schedule. At the end of Lesson 5 the students were asked to complete the evaluation. This was repeated for each grade level and for the second unit. The posttest was administered by the science teachers on the day following Lesson 5. The writer was given the results as soon as they were available.

During and after the presentations, the writer spoke, individually, to students in all three grades. She discussed the two units with them and asked about the positive and negative qualities. She also received unsolicited responses from many students who stopped her in the hallway.

The writer also consulted with the other science teachers during the presentations. Suggestions were made and implemented that helped to make it easier to teach. One suggestion was to assign the classes to specific rows in the room. This enabled the teachers to have better control over their classes. Prior to this the students sat anywhere they wanted, which created havoc with the discipline.

Another problem occurred during the drug unit. When the handouts were given to the students, they spent more time rustling the paper and less time paying attention to the imformation being presented. It was decided to withhold the handouts until the end of Lesson 5 for the remainder of the classes. They were then used as a review by the students.

During the presentations, the writer began to compile results from the pretests and posttests. She also gathered the student surveys and ascertained their responses. The science teachers answered their survey questions and continued to make suggestions for the future teaching of these units. These were discussed with the administration. The science teachers also spoke with their classes to elicit their responses to the effectiveness and qualities of the presentation.

When the presentations by the writer were completed, she contacted a teacher from another middle school. The other teacher taught the sex education unit to her own science classes. She did not teach the drug unit, but instead spent 2 weeks presenting an expanded version of the sexuality unit. She administered the evaluations to her classes so that the writer could make a comparison of the two methods. She also discussed the positive and negative aspects of her method with the writer.

The task of determining the results of the implementation began. The writer used the scores of the pretests and posttests to determine if learning had taken place. She

compared the answers of the student evaluations from both schools in order to ascertain which, if either, of the two methods was better. The results of this work are documented in Chapter V.

# CHAPTER V

# RESULTS, CONCLUSIONS, RECOMMENDATIONS

## Results

The writer was satisfied with the overall results of the practicum. The grades of the objective tests indicated that learning did occur. The evaluations showed an interest in the classes by the majority of students. One must look into the future to determine if the presentations helped to decrease the teenage sexual intimacy and/or drug abuse.

The sixth graders were the first to attend the special class, with Family Health and Human Sexuality being the first topic covered. They were followed by the seventh and then the eighth grade students. After the pretests were given, the writer asked, by a show of hands, how many students knew all the answers. Very few raised their hands, and the grades indicated that they told the truth. As indicated in Table 1, very few students received a score of 90-100. The majority of students passed the test, but with scores between 60-79. Since the objective was to score 80 or above, most students failed to acheive the objective prior to the lectures.

The posttest was administered on the day following Lesson 5. The scores, displayed in Table 2, show a definite increase

Table 1

Pretest Scores in Sexual Education Unit

| | Grade | | | |
|---|---|---|---|---|
| Scores | 6th | 7th | 8th | Total |
| | Frequency | | | |
| 20-29 | | 1 | | 1 |
| 30-39 | | | | 0 |
| 40-49 | 9 | 7 | 5 | 21 |
| 50-59 | 45 | 36 | 12 | 93 |
| 60-69 | 124 | 104 | 62 | 290 |
| 70-79 | 141 | 176 | 170 | 487 |
| 80-89 | 52 | 78 | 161 | 291 |
| 90-100 | 4 | 7 | 39 | 50 |

Table 2

Posttest Scores in Sexual Education Unit

| | Grade | | | |
|---|---|---|---|---|
| Scores | 6th | 7th | 8th | Total |
| | Frequency | | | |
| 40-49 | 2 | 2 | | 4 |
| 50-59 | 3 | 7 | 2 | 12 |
| 60-69 | 31 | 6 | 3 | 40 |
| 70-79 | 94 | 27 | 20 | 141 |
| 80-89 | 184 | 115 | 92 | 391 |
| 90-100 | 86 | 290 | 314 | 690 |

in passing grades. Fewer students failed with a grade of 59 or below and most students met the objective by scoring 80 or higher. Of the students that failed, 59 or below, several were absent for one or more lessons. The others were either learning disabled or basic students who have difficulty learning in large classes. Some of the students who received grades between 60-79 had improved from the pretests, but not enough to meet the objective. The reasons for this are the same as for the students who failed.

Tables 3 and 4 illustrate the percentages of students failing, passing but not meeting the objective, and passing and meeting the objective for the pretests and posttests, respectively.

Substance Abuse Prevention was the topic for the second set of presentations. Again the sixth grade met first, followed by the seventh and eighth grades. As displayed in Table 5, the students scored higher on the drug pretest than previously on the sex pretest. This was because of two factors. First, many of the sixth grade students had MEOLOGY, a drug course, in elementary school. The seventh and eighth graders had health in previous years, which included a unit on drugs.

Even though many of the students met the objective, there was still an increase in grades on the posttest. As exhibited in Table 6, very few students failed, a minority passed with a grade of 60-79, and the vast majority of students met the objective of 80 and above. The reasons for the lower grades

Table 3

Percentage Frequency of Pretest Scores in Sexual Education Unit

| | Grade | | | |
|---|---|---|---|---|
| Scores | 6th | 7th | 8th | Total |
| | Percentage | | | |
| 0-59 | 14 | 11 | 4 | 9 |
| 60-79 | 71 | 68 | 52 | 63 |
| 80-100 | 15 | 21 | 44 | 28 |

Table 4

Percentage Frequency of Posttest Scores in Sexual Education Unit

| | Grade | | | |
|---|---|---|---|---|
| Scores | 6th | 7th | 8th | Total |
| | Percentage | | | |
| 0-59 | 1 | 2 | .5 | 1 |
| 60-79 | 31 | 7 | 5.5 | 14 |
| 80-100 | 68 | 90 | 94 | 85 |

Table 5

Pretest Scores in Drug Education Unit

| | Grade | | | |
|---|---|---|---|---|
| Scores | 6th | 7th | 8th | Total |
| | Frequency | | | |
| 20-29 | 2 | | 1 | 3 |
| 30-39 | 3 | 2 | 3 | 8 |
| 40-49 | 9 | 12 | 8 | 29 |
| 50-59 | 11 | 20 | 8 | 39 |
| 60-69 | 61 | 46 | 33 | 140 |
| 70-79 | 81 | 64 | 59 | 204 |
| 80-89 | 191 | 207 | 209 | 607 |
| 90-100 | 49 | 83 | 121 | 253 |

Table 6

Posttest Scores in Drug Education Unit

| | Grade | | | |
|---|---|---|---|---|
| Scores | 6th | 7th | 8th | Total |
| | Frequency | | | |
| 40-49 | 3 | | 2 | 5 |
| 50-59 | 1 | 1 | 2 | 4 |
| 60-69 | 14 | 5 | 9 | 28 |
| 70-79 | 32 | 27 | 4 | 63 |
| 80-89 | 158 | 108 | 98 | 364 |
| 90-100 | 206 | 301 | 351 | 858 |

appear to be the same as before. Those doing poorly either missed one or more sessions, or are the basic or slow learning students.

Tables 7 and 8 show the percentage frequency of students in the three categories, failing, passing but not meeting objective, and passing and meeting the objective. Both the pretest and posttest scores are exhibited.

The evaluations of the students were very interesting. The majority of the students thought that the classes were very informative. As displayed in Figure 1, more enjoyed the sex unit than the drug unit. This was because, as many students stated, they had heard about drugs before and did not feel that they learned as much. During the week of the sexuality presentations the students who saw the writer asked if they "had sex today!" Other teachers and parents told the writer that sex was the topic of conversations in the classroom, cars, and homes. Drugs were not talked about as much, but still appeared in many conversations.

Group size was another topic discussed. A slightly higher number of students preferred the smaller class. Most of these responses came from the students who were in groups with 3, 4, or 5 science classes. Many of the students who preferred the large class were in groups of 2 science classes and considered that to be fine. Students who preferred large groups remarked that they would have the opportunity to hear more questions and answers. Students who favored smaller classes stated that they would have asked more questions

Table 7

Percentage Frequency of Pretest Scores in Drug Education Unit

| | Grade | | | |
|---|---|---|---|---|
| Scores | 6th | 7th | 8th | Total |
| | Percentage | | | |
| 0-59 | 6 | 8 | 4 | 6 |
| 60-69 | 35 | 25 | 21 | 27 |
| 80-100 | 59 | 67 | 75 | 67 |

Table 8

Percentage Frequency of Posttest Scores in Drug Education Unit

| | Grade | | | |
|---|---|---|---|---|
| Scores | 6th | 7th | 8th | Total |
| | Percentage | | | |
| 0-59 | 1 | .2 | 1 | .6 |
| 60-79 | 11 | 7.3 | 3 | 7. |
| 80-100 | 88 | 92.5 | 96 | 92.4 |

Figure 1. Response of Students to the Usefulness of the Presented Units

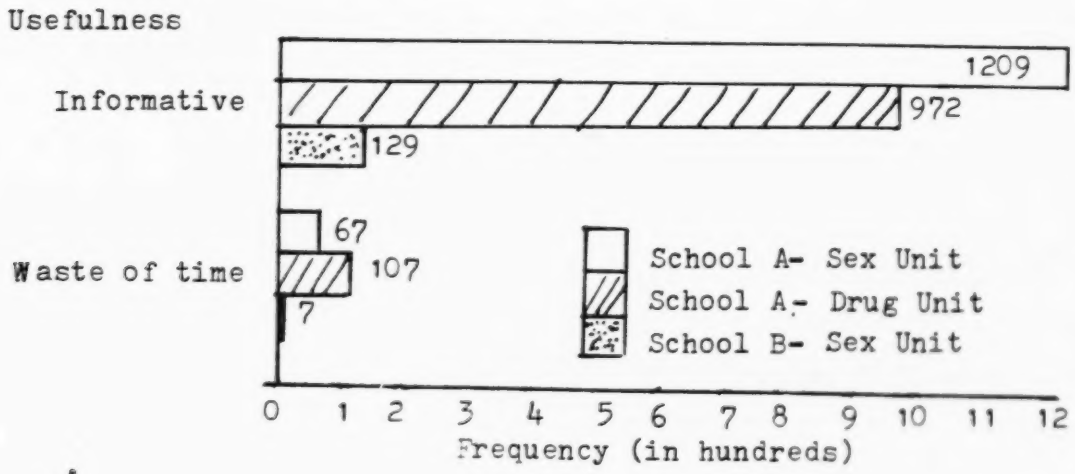
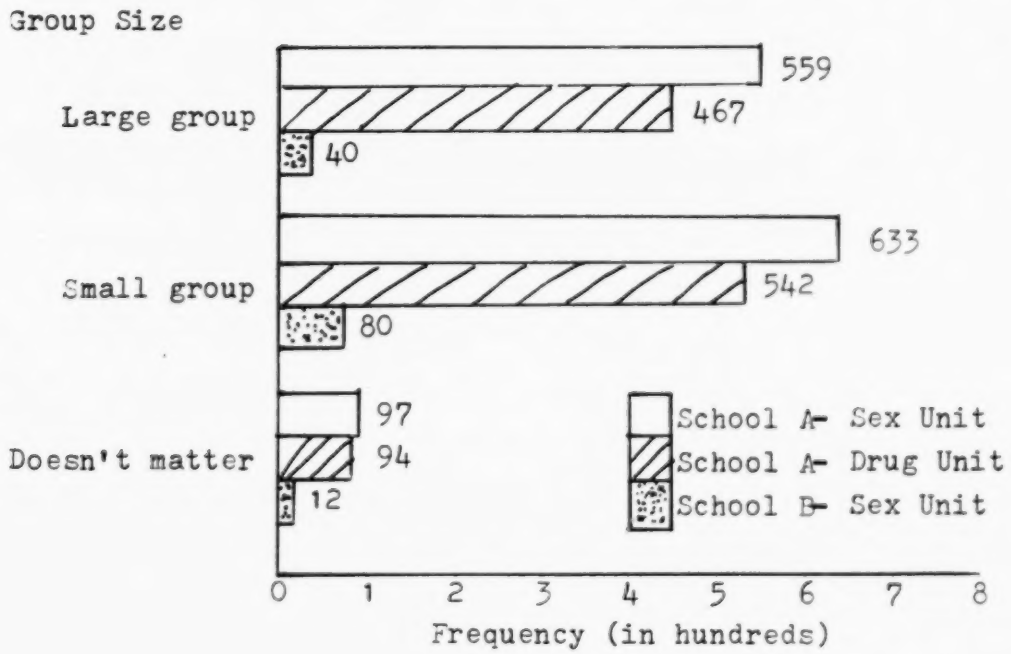



Figure 2. Students' Preference for the Teaching Group Size



because it would have been less embarrassing. The analysis of the responses is shown in Figure 2.

The students were also asked if counseling should be offered. They chose between individual or group counseling. The results are exhibited in Figure 3. Most preferred group over individual counseling. Several thought that it should not be offered at all.

The responses to the group size and sex of the instructor had interesting results. Most students wanted both a male and female instructor, especially if the group was large. The main reason given was to get the perspective of both sexes, particularly for the sexuality presentations. Many students said that it did not matter to them at all. For a complete list of responses see Table 9.

The facts that the students learned were varied. In the sexuality unit, most learned about STDs and/or AIDS. All grades also indicated finding out about teen pregnancy and birth, safe sex and the dangers, and peer pressure. The sixth graders added the reproductive system and puberty. Eating disorders, communicable diseases and puberty were mentioned by the seventh grade students. Eighth graders included specifics about protection. Several students wrote that they learned a lot of facts or that they were too numerous to mention. There were also some students who said they did not learn anything. Table 10 has a complete listing of the responses.

The substance abuse unit also elicited an assortment of answers. Most students mentioned that drugs were harmful or

Figure 3. Choice of the Type of Counseling Offered

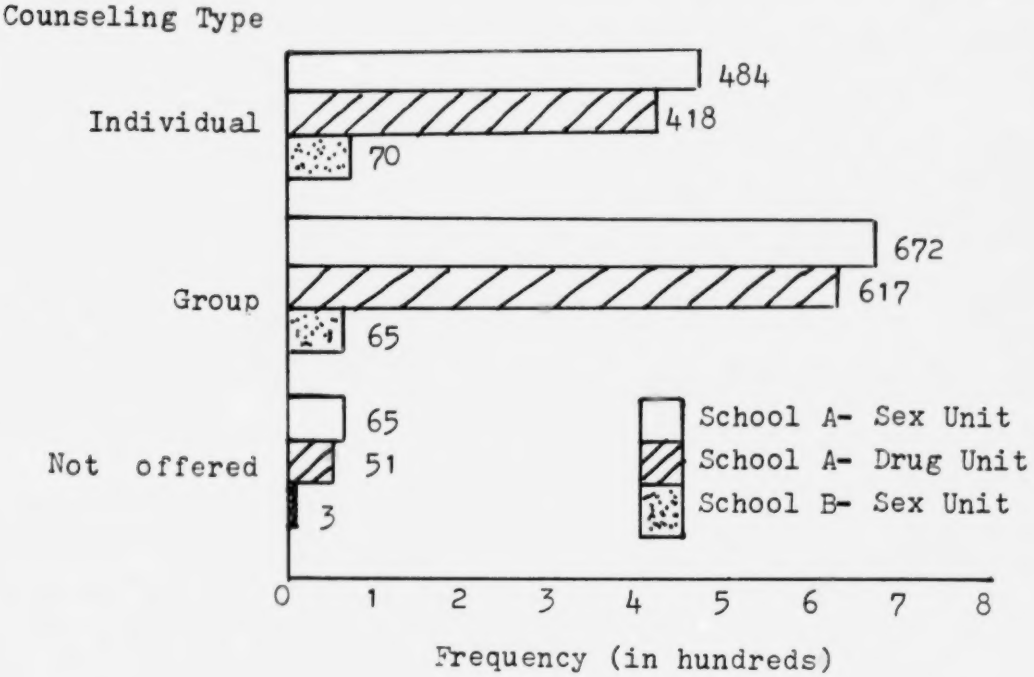


Table 9

Preference for Group Size and Instructor

| | School A | | School B |
|---|---|---|---|
| Responses | Sex Unit | Drug Unit | Sex Unit |
| | | Frequency | |
| Large group 1 instructor | 113 | 149 | 18 |
| Large group male & female | 451 | 233 | 37 |
| Small group female | 244 | 181 | 38 |
| Small group male | 125 | 184 | 8 |
| Small group male & female | 129 | 101 | 7 |
| Separate male & female group | 43 | | 13 |
| Own classroom teacher | | 12 | 48 |
| Does not matter | 365 | 333 | 44 |

Table 10

List of Facts Learned by Students in Sexual Education Unit

| | School A | School B |
|---|---|---|
| Response | Frequency | Frequency |
| STDs/AIDS | 845 | 64 |
| Safe sex & dangers | 190 | 31 |
| Pregnancy & birth | 133 | 38 |
| Communicable diseases | 99 | 15 |
| Not much | 71 | 6 |
| A lot | 64 | 9 |
| Reproductive system | 54 | 18 |
| Peer pressure | 31 | 17 |
| Puberty | 22 | 7 |
| Eating disorders | 11 | |
| Protection | 4 | 24 |

could kill. The other two most frequent replies concerned the effects of drugs and the different types of drugs. The students answered crack or cocaine more than any other specific type of drug. Again many students answered a lot of facts or none. Some of the students qualified the answer of none by explaining that they had MEOLOGY, a previous drug course, a family member who was a drug addict or alcoholic, or a family member who was a drug enforcement agent. The entire list is found in Table 11.

The request for additions, deletions or other changes in the units brought mixed replies. Many students left these questions blank because they couldn't think of anything. Others wrote that none were needed, the course was fine as is. There were also many who responded with nonacademic changes such as air conditioning, comfortable chairs, more teachers, fewer teachers, or getting rid of the troublemakers. These responses are not included in Tables 12, 13, and 14.

Some of the more reasonable answers for additions to the units include films or videos, more information, activities, and small group discussions. During the substance abuse unit, the students would have enjoyed hearing from a recovered drug addict, in addition to the police officer. The high frequency of students asking to see drug samples was due to an unfortunate occurrence. During the sixth grade classes, the police officer was only able to bring in the testing kit for drugs. He procured the testing kit and the box of simulated drugs for the seventh graders. The eighth grade students saw

Table 11

List of Facts Learned by Students in Drug Education Unit

| Response | Frequency |
|---|---|
| Harmful | 399 |
| Effects of drugs | 176 |
| Different types | 133 |
| A lot | 126 |
| Not much | 111 |
| Stimulants & cocaine | 94 |
| Tobacco | 60 |
| Marijuana & hallucinogens | 38 |
| Alcohol | 31 |
| Depressants | 27 |
| Inhalants | 24 |
| Laws about drugs | 23 |
| Narcotics | 16 |

Table 12

Descriptions of Additions to Improve the Units

| | School A | | School B |
|---|---|---|---|
| | Frequency | Frequency | Frequency |
| Response | in Sex Unit | in Drug Unit | in Sex Unit |
| None | 271 | 245 | 76 |
| Films or videos | 239 | 156 | 2 |
| More information | 159 | 70 | 21 |
| Activities | 22 | 59 | |
| Teen sex & birth | 11 | | 5 |
| Safe sex | 36 | | |
| Positive side of sex | 17 | | |
| Peer pressure | 6 | 3 | |
| Small group discussions | 19 | 11 | 6 |
| Handouts | 10 | | 2 |
| Guests | 11 | 75 | 1 |
| Models/ samples | 12 | 125 | |

Table 13

Preference of Deletions to Improve the Units

| | School A | | School B |
|---|---|---|---|
| | Frequency | Frequency | Frequency |
| Response | in Sex Unit | in Drug Unit | in Sex Unit |
| None | 379 | 330 | 96 |
| Tests | 27 | 7 | |
| Transparencies | 18 | | |
| Less lecturing | 18 | 20 | 1 |
| Diseases | 39 | | 2 |
| Eating disorders | 5 | | |
| How to make &/or use drugs | | 7 | |
| Films | | | 8 |

Table 14

Various Other Changes to Improve the Units as Reported by Students

| | School A | | School B |
|---|---|---|---|
| | Frequency | Frequency | Frequency |
| Response | in Sex Unit | in Drug Unit | in Sex Unit |
| None | 367 | 349 | 95 |
| Longer time of instruction | 137 | 30 | 18 |
| Smaller groups | 136 | 94 | 1 |
| Male & female instructors | 68 | 11 | 2 |
| Separate groups | 42 | | 1 |
| Different schedule | 28 | 1 | |
| Field trip | | 4 | |

not only the testing kit, but the display of actual drugs confiscated by the local police. All of the answers are listed in Table 12.

The question on deletions brought about some similar replies. Again many left it blank or said none were required. Tests being omitted and the communicable diseases from the seventh grade curriculum were frequent responses. Several wrote that they wanted more films instead of lectures. The writer was surprised by several students indicating that they should not be told how the drugs are used or made. They wrote that this could cause some people to use the drugs now that they know how. There were also several nonscholastic responses such as removing the heat, replacing the uncomfortable chairs, and removing the mischievous students. These are not included in the complete list of deletions found in Table 13.

As to the notion of any other needed changes, again many students wrote none or left it blank. Several students answered "same as above." Some students repeated responses from other questions relating to group size and sex of instructor. Other replies were a different schedule, longer instruction time, and field trips to drug rehabilitation centers. Table 14 has a complete list of answers.

Conversations with individual students brought about some of the same responses. The positive remarks were concerning how much they had learned, they wanted an extra week on sex education, smaller classes so that they could get all of their

questions asked and answered, and how much they had enjoyed the class. The negative responses included the condition of the room, the large and unruly classes, and questioning why the same material about drugs is taught year after year. There were several students who asked the writer questions relating to them personally after class or if they encountered her elsewhere in the school. A few stated that family members were alcoholics or drug addicts and that they had seen firsthand some of the symptoms that had been described. Some remarked that they appreciated that an adult was open and honest about the topics, especially sexual matters.

The science teachers were also asked for their interpretations of the presentations. Since they attended the classes, the writer thought their input would be helpful. Some suggestions were made and instituted immediately. These were previously mentioned in Chapter IV. The remaining remarks were intended for future use. The teachers thought the presentations were very necessary and well presented. Many remarked that they were glad that they did not have to teach it, especially sex education. They felt that the classes were too large. Most said that the maximum should be two classes or 60 students, but one class would be better. They also thought that the scheduling could have been better. Having a different class each day over the six days made teaching difficult. The other responses were replications of the students' remarks stated earlier.

Several teachers in the school conveyed messages from

parents to the writer. Many parents remarked that their child came home and reported what they had learned each day. Several admitted that they did not know of the term STD and had therefore learned from their child. Some were also asked somewhat embarrassing questions concerning their premarital sexual habits.

The findings from the other middle school, School B, were comparable with the writer's school, School A. Very few students found the sexuality unit to be a waste of time. Most students liked the small, single class size group. The teacher and the writer were amazed at how many would have preferred a larger group. The response to individual or group counseling was almost equal. The exact results can be found in Figures 1, 2, and 3.

It was not surprising that many of the students from School B chose their classroom teacher as a response to the instructor question. But many also answered a male and female instructor as well. The exact replies are listed in Table 9.

In response to what was learned, most students answered STDs and AIDS. The remaining responses were similar to those received at the writer's school. They are compared in Table 10.

The answers of none, nothing, or it's just fine, were again, the most prevalent answers to the questions of additions, deletions, or changes to the course. Most of the other replies were comparable to those received in School A. A curious response was that a few students wanted films or

videos added to the course while several wanted them deleted. When questioned about the deletions, the students remarked that the films were outdated and no longer factual. If they were more current then the films could stay a part of the course. A complete description of the responses given can be found in Tables 12, 13, and 14.

The teacher from School B reported that the students were very attentive and inquisitive. There were a few who took the lectures as a big joke, but most were on their best behavior. These were seventh grade classes.

One detail that both teachers addressed was the possible embarrassment of the students to ask questions during the sexuality unit. This was handled by using a question box so that students could ask their questions anonymously. Both of the teachers found, however, that many of the students were not afraid to ask questions during class. This was especially surprising to the writer because of the large, mixed classes. There were many students who did use the box at both schools.

Some of the most often asked questions of the writer were as follows: (1) What is the link between monkeys and AIDS?; (2) Are you telling us to be virgins, forever?; (3) When will we be physically and mentally ready to have sex?; (4) Will you still get the full effect of sex if you use a condom?; (5) What is the best type of protection?; (6) Can you use more than one condom in order to make them more effective?; and (7) Can you sue someone who had AIDS and passed it on to you without telling you that he or she had it? There were

also questions about specific STDs, the birth process, birth defects, and twins. The teacher from School B reported some of the same questions and topics were asked by her students.

## Conclusions

In conclusion, the writer was very pleased with the results. The comparison of the pretests and posttests showed that the knowledge of the students increased in both the sexual and drug education units. The surveys offered evidence that the students thought the presentations were informative and useful. The students expressed their preferences for group size, the offering of counseling, the sex of the instructor, and how many instructors should teach. Facts that were learned in the sexual and drug education units were stated by the pupils. They also formulated suggestions for improving the teaching units. When compared with another approach to teaching, the writer was gratified to discover similar results. The general response by all was positive.

## Recommendations

The writer's recommendations are as follows:

1. Have smaller groups, one or two classes maximum.

2. Teach for two weeks or double periods for 1 week to allow for a more indepth discussion for sexual education.

3. Teach drug abuse using current films and recovered addicts.

4. Have computer programs geared to enhancing decision-making skills for both sex and drug education.

5. Have a counselor available for individuals or small groups.

6. Have a male and female team to teach sex education.

7. Allow time for questions and answers for student directed learning.

8. Incorporate peer counselors to demonstrate peer pressure responses through role playing.

## Dissemination

At the time of the writing of this practicum, the writer had shared her results with the colleagues at her school and the other middle school teacher. Their reactions were similar to those of the writer. Plans to disseminate the results any further had not been formulated.

The program will continue to be a part of the school's curriculum. There will be some changes made which will be decided at the beginning of the new school year. The capacity in which the writer is to be involved will also be resolved at that time.

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# APPENDIX A

## Schedule of Groups

## Appendix A

### Original Schedule by Groups

| | | 1st & 2nd period | 5th & 6th period |
|---|---|---|---|
| | | Groups | |
| April | 3 - 7 | 6A | 7A |
| | 10 - 14 (4 days) | 6B | 6(C), ESE |
| | 17 - 21 | 8C, (C), Gifted | 7C,(C), ESE, ALT |
| | 24 - 28 | 8A, ALT | 8B, LD, EH |
| May | 1 - 5 | 7C, (C), ESE, ALT | 7B |
| | 8 - 12 | 6(C), ESE | 8C, (C), Gifted |
| | 15 - 19 | 8B, LD, EH | 8A, ALT |
| | 22 - 26 (4 days) | 6A | 7A |
| | 29 - June 2 (4 days) | 6B | 7B |

## Revised Schedule by Science Classes

| | Dates of Classes | | | | | |
|---|---|---|---|---|---|---|
| Grade 6 Wk1 | 4/3 | 4/5 | 4/6 | 4/7 | 4/10 | 4/11 |
| Period Wk2 | 5/5 | 5/8 | 5/9 | 5/10 | 5/11 | 5/12 |
| | Science Classes | | | | | |
| 1 | A,B | A,B | A,B | A,B | A,B | off |
| 2 | A,B<br>C,G | A,B<br>C,G | A,B<br>C,G | A,B<br>C,G | off | A,B<br>C,G |
| 3 | A,B<br>C,G | A,B<br>C,G | A,B<br>C,G | off | A,B<br>C,G | A,B<br>C,G |
| 4 | A,B,G | A,B,G | off | A,B,G | A,B,G | A,B,G |
| 5 | B | off | B | B | B | B |
| 6 | off | A,G | A,G | A,G | A,G | A,G |

| | Dates of Classes | | | | | |
|---|---|---|---|---|---|---|
| Grade 7 Wk1 | 4/17 | 4/18 | 4/19 | 4/20 | 4/21 | 4/24 |
| Period Wk2 | 5/15 | 5/16 | 5/17 | 5/18 | 5/19 | 5/22 |
| | Science Classes | | | | | |
| 1 | B,C<br>EH | B,C<br>EH | B,C<br>EH | B,C<br>EH | B,C<br>EH | off |
| 2 | A,C | A,C | A,C | A,C | off | A,C |
| 3 | A,B<br>LD | A,B<br>LD | A,B<br>LD | off | A,B<br>LD | A,B<br>LD |
| 4 | A,B<br>G2 | A,B<br>G2 | off | A,B<br>G2 | A,B<br>G2 | A,B<br>G2 |
| 5 | A,B,C<br>G,G2 | off | A,B,C<br>G,G2 | A,B,C<br>G,G2 | A,B,C<br>G,G2 | A,B,C<br>G,G2 |
| 6 | off | A,B<br>Alt | A,B<br>Alt | A,B<br>Alt | A,B<br>Alt | A,B<br>Alt |

| | Dates of Classes | | | | | |
|---|---|---|---|---|---|---|
| Grade 8 Wk1 | 4/26 | 4/27 | 4/28 | 5/1 | 5/2 | 5/3 |
| Period Wk2 | 5/23 | 5/24 | 5/30 | 5/31 | 6/1 | 6/2 |
| | Science Classes | | | | | |
| 1 | A,LD<br>B,Alt | A,LD<br>B,Alt | A,LD<br>B,Alt | A,LD<br>B,Alt | A,LD<br>B,Alt | off |
| 2 | A,G | A,G | A,G | A,G | off | A,G |
| 3 | B,G | B,G | B,G | off | B,G | B,G |
| 4 | A,B,C | A,B,C | off | A,B,C | A,B,C | A,B,C |
| 5 | A,B | off | A,B | A,B | A,B | A,B |
| 6 | off | A,B,G<br>C,C2 | A,B,G<br>C,C2 | A,B,G<br>C,C2 | A,B,G<br>C,C2 | A,B,G<br>C,C2 |

## APPENDIX B

Family Health and Human Sexuality Test

## Appendix B

### Family Health and Human Sexuality Test

On your answer sheet, mark (a) for statements that are true and (b) for statements that are false.

1. Pregnancy can occur the first time you have intercourse.
2. Puberty is reached between 11-13 years old.
3. Boys mature before girls.
4. Most sexually active teenagers fail to use birth control methods.
5. Between 10-25 teenaged girls will be pregnant before high school graduation.
6. Attempted suicide is low among teenage mothers.
7. Many teenage mothers abuse their offspring.
8. A teenage mother is more likely to have a baby born premature.
9. STDs are also called venereal diseases.
10. STDs are passed through intercourse, or contact with the sex organs, mouth, anus, or open sores.
11. Crab lice and Scabies can be caught through contact with infected clothing.
12. Females can have gonorrhea without showing any symptoms.
13. Herpes simplex can be cured.
14. There are 3 stages of syphilis.

15. Newborns passing through the birth canal cannot get STDs.
16. You can contract AIDS if you help someone who has the disease.
17. You cannot tell by looking that someone has the AIDS virus.
18. Only those people in the "high risk group" need to be concerned about AIDS.
19. AIDS is spread through sharing drug needles.
20. AIDS is spread through insect bites.
21. AIDS is spread through casual contact.
22. AIDS is spread through sexual intercourse.
23. Condoms are effective but not foolproof enough to prevent the spread of AIDS.
24. If you think you've been exposed to AIDS, you should get an AIDS test.
25. The AIDS virus can lie dormant in your blood for 5-7 years.

6th Grade Only

26. The menstrual cycle is between 28-35 days in length.
27. The sperm fertilize the egg in the Fallopian Tube.
28. There is never more than one egg released per month.
29. Identical twins come from two fertilized eggs.
30. Pregnancy lasts about 9 months.

7th Grade Only

26. A passive person acts wimpy and talks softly.
27. An assertive person is insulting.
28. People with anorexia nervosa believe they are fat and starve themselves.
29. Athlete's foot is not a communicable disease.
30. Communicable disease can be spread by air, water, food, insects, or contact with human carriers.

8th Grade Only

26. Teens pretend to know all there is to know about sex.
27. Having sexual intercourse is appropriate sexual behavior.
28. Teens who marry because they "have to" are more likely to get divorced.
29. Teen pregnancy affects more people than just the parents.
30. Abstinence is the best method to avoid pregnancy.

# APPENDIX C

## Substance Abuse Prevention Test

## Appendix C

### Substance Abuse Prevention Test

On your answer sheet, mark (a) for statements that are true and (b) for statements that are false.

1. Using drugs safely is okay.
2. A depressant slows down the central nervous system.
3. Tranquilizers and barbiturates are types of depressants.
4. Depressants are not addictive.
5. Stimulants speed up the central nervous system.
6. Caffeine and amphetamines are types of stimulants.
7. Cocaine can be sniffed, snorted, or smoked.
8. It only takes one day to become hooked on cocaine.
9. Inhaling glue, gasoline, and aerosols are not harmful.
10. Caffeine and nicotine are legal drugs.
11. Marijuana reduces coordination and reflexes.
12. Hormones can be seriously affected by marijuana.
13. Cannabis is a hallucinogen.
14. LSD can cause hallucinations and panic.
15. Alcohol is not a drug.
16. Alcohol is a depressant.
17. Teenagers can become alcoholics in 6 months.
18. Every cigarette smoked takes 6 minutes off a person's life.

19. Nicotine is a depressant. It calms a person.

20. Crack is a form of cocaine that is smoked.

21. Heroin can be injected or sniffed.

22. Codeine and morphine are powerful narcotics.

23. Drugs are fun to use.

24. Drugs make people act differently.

25. Drugs are safe if taken only once a month.

# APPENDIX D

## Sexual Education Survey

## Appendix D

### Sexual Education Evaluation

Please answer the following questions honestly. There are no right or wrong answers.

_____ Male _____ Female

1. Do you feel this week was informative and useful or silly and a waste of time?

2. What facts about sex education did you learn this week?

3. Did you like the large group approach or would you prefer a smaller group?

4. Which of the following would you prefer? Check any that apply.

_____ large group with one instructor

_____ large group with both a male and female instructor

_____ small group with a female instructor

_____ small group with a male instructor

_____ does not matter

_____ other (specify)

5. Should sexual counseling be offered in the school? Check any that apply.

_____ individual counseling

_____ group of 5-15 students

_____ should not be offered

_____ other (specify)

6. What additions should be made to improve this course?

7. What deletions should be made to improve this course?

8. Are there any other changes that should be made to improve this course?

# APPENDIX E

## Drug Education Survey

## Appendix E

### Drug Education Evaluation

Please answer the following questions honestly. There are no right or wrong answers.

_____ Male _____ Female

1. Do you feel this week was informative and useful or silly and a waste of time?

2. What facts about drugs did you learn this week?

3. Did you like the large group approach or would you prefer a smaller group?

4. Which of the following would you prefer? Check any that apply.

_____ large group with one instructor

_____ large group with both a male and female instructor

_____ small group with a female instructor

_____ small group with a male instructor

_____ does not matter

_____ other (specify)

5. Should drug counseling be offered in the school? Check any that apply.

_____ individual counseling

_____ group of 5-15 students

_____ should not be offered

_____ other (specify)

6. What additions should be made to improve this course?

7. What deletions should be made to improve this course?

8. Are there any other changes that should be made to improve this course?

APPENDIX F

Teacher Evaluation

## Appendix F

### Teacher Evaluation

1. What was your opinion of the presentation?

2. Was it too much for the students to comprehend?

3. Was the presentation on their level of learning?

4. Did you think it was worthwhile?

5. Did you receive any positive or negative comments from the students? If so please list.

6. How do you feel about the size of the group?

7. How do you feel about the scheduling of classes?

8. What are some suggestions for additions, deletions, or changes for the future?

# APPENDIX G

## Unit Topics

# Appendix G

## Unit Topics

Unit One- Family Health and Human Sexuality

Lessons for Grade 6

1- Introduction, puberty, teen pregnancy

2- Male and female reproduction system, pregnancy, birth

3- Sexually Transmitted Diseases (STDs)

4- AIDS

5- Peer pressure- with peer counselors

Lessons for Grade 7

1- Introduction, eating disorders (anorexia, bulimia, compulsive eater/dieter)

2- Communicable diseases, puberty, teen pregnancy

3- STDs

4- AIDS

5- Peer pressure- with peer counselors

Lessons for Grade 8

1- Introduction, puberty, sexual intimacy

2- Teen pregnancy

3- STDs

4- AIDS

5- Peer pressure- with peer counselors

Unit Two- Substance Abuse Prevention

Lessons for Grades 6, 7, and 8

1- Depressants, stimulants, inhalants

2- Narcotics, cannabis, hallucinogens

3- Alcohol

4- Tobacco, community resources

5- Drugs and the Law- with police officer